County of Los Angeles Public Health

VIRAL HEPATITIS A CASE REPORT

Acute Communicable Disease Control
313 N. Figueroa St., Rm. 212, Los Angeles, CA 90012
213-240-7941 (phone) 213-482-4856 (facsimile)
publichealth.lacounty.gov/acd/

Census tract: _____ VCMR ID: _____

Patient name-last	first	middle initial	Date of Birth	Age	Sex

Address- number, street	City	State	ZIP Code

Telephone number Home ( )	Work ( )	Cell ( )	Country of Birth

Race (check one)
☐ African-American/Black ☐ Asian/Pacific Islander ☐ Native American ☐ White ☐ Other: _____

Ethnicity (check one)
☐ Hispanic/Latino ☐ Non-Hispanic/Non-Latino

If Asian/Pacific Islander, check one: ☐ Asian Indian ☐ Cambodian ☐ Chinese ☐ Filipino ☐ Guamanian ☐ Hmong ☐ Japanese ☐ Korean ☐ Laotian ☐ Native Hawaiian ☐ Samoan ☐ Thai ☐ Vietnamese ☐ Other: _____

Occupation, school, and/or volunteer (give city/zip code)

Homeless? ☐ Yes ☐ No

Sensitive Occupation/Situation (S.O.S)? ☐ Yes ☐ No

PRESENT ILLNESS

Diagnosis date: _____

Was patient jaundiced? ☐ Yes ☐ No ☐ Unknown

If Yes, start date: _____

Did patient have symptoms other than jaundice?

☐ Yes ☐ No ☐ Unknown

If Yes, onset date: _____

What symptoms? _____

Was the patient hospitalized for hepatitis?

☐ Yes ☐ No ☐ Unknown If Yes, admit date: _____

Medical Record No.

Facility/Hospital Name:

If female: Pregnant?

☐ Yes ☐ No ☐ Unknown If Yes, due date: _____

Did patient die from hepatitis?

☐ Yes ☐ No ☐ Unknown If Yes, date of death: _____

VACCINE HISTORY

	Yes	No	Unk	If Yes, Date dose given. 1st Dose	2nd Dose	3rd Dose
hepatitis A vaccine	☐	☐	☐			
hepatitis B vaccine	☐	☐	☐			

DIAGNOSTIC TESTS *(Check all tests performed and attach laboratory results.)*

Reason for testing: (Check all that apply)

☐ Symptoms of acute hepatitis

☐ Evaluation of elevated liver enzymes

☐ Exposure to case

☐ Follow-up testing for previous marker of viral hepatitis

☐ Routine screening of patient (physical exam, MD visit, pre-op)

☐ Unknown

☐ Other

Specify: _____

Laboratory results:	Pos	Neg	No Test/Unk
Total antibody to hepatitis A virus (total anti-HAV) ……....	☐	☐	☐
IgM antibody to hepatitis A virus (IgM anti-HAV) ……..……	☐	☐	☐
Total antibody to hepatitis B core antigen (total anti-HBc) …….....	☐	☐	☐
IgM antibody to hepatitis B core antigen (IgM anti-HBc) ……	☐	☐	☐
Hepatitis B surface antigen (HBsAg) ……	☐	☐	☐
Antibody to hepatitis B surface antigen (anti-HBs) ……	☐	☐	☐
HCV antigen …….....	☐	☐	☐
Antibody to hepatitis C virus (anti-HCV) ……...	☐	☐	☐
HCV Nucleic Acid Test (NAT) …….....	☐	☐	☐
HCV Genotype _____			
Antibody to hepatitis D virus (IgM anti-HDV) ……...	☐	☐	☐
Antibody to hepatitis E virus (IgM anti-HEV) ……	☐	☐	☐

Liver enzyme results at time of diagnosis:

Test Result Date: _____ ALT (SGPT) _____ AST (SGOT) _____ Bilirubin _____

PUBLIC HEALTH NURSING INITIAL ASSESSMENT AND EVALUATION

If acute hepatitis (check here ☐), please complete the remainder of this form. See Page 3 for acute hepatitis A definition.

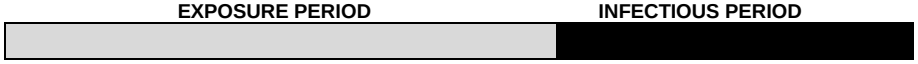
If **NOT** acute hepatitis (check here ☐), please go to **Final Diagnosis** section and complete.

Patient name (last, first) _____ Date of Birth _____ VCMR ID: _____

INFECTION TIMELINE

Incubation period: 15-50 days.
Infectious period: Transmission likely to occur 1 to 2 weeks before onset of illness until 7 days after jaundice onset or symptom onset.
Post-exposure prophylaxis: See B-73.

Enter date of onset* in onset box
Count backward and forward to determine probable exposure and communicable periods.



Days from onset:	-50 days	-14 days	ONSET*	+7 days
Calendar dates: *(month/day/year)*	___/___/____	___/___/____	___/___/____	___/___/____

**onset of jaundice or onset of symptoms if not jaundiced*

CLOSE CONTACTS

Name/ Relationship to case	Age	Occupation	S.O.S. Yes	S.O.S. No	S.O.S. Unk	Prior History of Hepatitis A Vaccine	Comments (include Prophylaxis and/or Vaccine)
			☐	☐	☐		
			☐	☐	☐		
			☐	☐	☐		
			☐	☐	☐		
			☐	☐	☐		

EPIDEMIOLOGIC RISK FACTORS

	Yes	No	Unk
During the infectious period, was the patient employed as a food handler or SOS?.....	☐	☐	☐
If Yes, Did patient work while ill or in the 2 weeks prior to onset? If Yes, call ACDC immediately.....	☐	☐	☐

Last day of work: _____ Employer/Situation _____

Address, City _____ Phone ( ) _____

During the exposure period (2-7 weeks prior to onset): If YES, ask patient when and where and record in Remarks section.

If patient was not serologically confirmed, is there an epidemiologic link between the patient and a laboratory-confirmed hepatitis A case?	☐	☐	☐
Did the patient travel outside of Los Angeles County?	☐	☐	☐

If Yes, specify location(s) and dates of travel?

Travel Locations (city, county, state, country)	Dates of Travel From	Dates of Travel To

Did any of the patient's close contacts travel outside of Los Angeles County? …….	☐	☐	☐

If Yes, specify location(s) and dates of travel?

Travel Locations (city, county, state, country)	Contact Name/Relation	Dates of Travel From	Dates of Travel To

Was the patient a close contact of a child or employee in a nursery, day care center or preschool?	☐	☐	☐
If Yes, was there an identified hepatitis A patient in a nursery, day care center or preschool? ……..……	☐	☐	☐
Was the patient a household contact of a diapered child?	☐	☐	☐
If Yes, was the child adopted internationally? …….....	☐	☐	☐

Patient name (last, first) _____ Date of Birth _____ VCMR ID: _____

EPIDEMIOLOGIC RISK FACTORS (Continued)

During the exposure period (2-7 weeks prior to onset): If YES, ask patient when and where and record in Remarks section.

	Yes	No	Unk
Was the patient suspected as being part of a common-source outbreak?	☐	☐	☐
If Yes, specify outbreak #_____			
Did the patient eat raw or undercooked shellfish?	☐	☐	☐
Did the patient use any recreational or illicit drugs?	☐	☐	☐

If Yes, List the drugs used and route.

Drug Name	Route of Administration (e.g. smoked, snorted, injected, taken by mouth)

Did the patient share drugs or equipment with others? ☐ ☐ ☐

What is the patient's sexual preference? ☐ Bisexual ☐ Homosexual ☐ Heterosexual ☐ Refused to answer ☐ Unk

How many sex partners did the patient have? (Ask both questions regardless of the patient's gender.)

Number of male sex partners ☐ 0 ☐ 1 ☐ 2-5 ☐ >5 ☐ Unk

Number of female sex partners ☐ 0 ☐ 1 ☐ 2-5 ☐ >5 ☐ Unk

Was the patient homeless? ☐ ☐ ☐

If Yes, did the patient reside in any of the following places? (Check all that apply.)

Type of Place: ☐ On the street ☐ Family/friend home ☐ Shelter ☐ Correctional facility (jail, prison, juvenile detention)
☐ Drug treatment facility ☐ Psychiatric care facility ☐ Group home/Board and Care
☐ Other: Specify. _____

Name	Address, City, State, ZIP	Specify Dates of Stay From	To

Did the patient know or have contact with anyone with hepatitis A virus infection? (☐ suspected or ☐ laboratory-confirmed) ☐ ☐ ☐

If Yes, was the contact a: (check all that apply)

☐ Sexual partner ☐ Household member (non-sexual) ☐ Drug sharing partner
☐ Child cared for by this patient ☐ Babysitter of this patient Kind of drug shared? _____
☐ Playmate ☐ Other _____

FOOD HISTORY *(During Exposure Period 2-7 WEEKS PRIOR TO ONSET)*

Food Establishment Name (restaurants, bars, food stores, group meals, bakeries, shelter, kitchen, group home, etc.)	Location (Address, City)	Dates Exposed	Foods Eaten

Patient name (last, first) _____ Date of Birth _____ VCMR ID: _____

REMARKS *(Please explain any YES answers in Epidemiologic Risk Factor section. Please sign your notes.)*

Suspected Source

Educated patient according to B-73 on the following:

Mode of Transmission:
- ☐ Fecal-Oral
- ☐ Sexual

Prevention:
- ☐ Household Contacts
- ☐ Vaccine
- ☐ Personal Hygiene
- ☐ Immunoglobulin (IG)

Other:

FINAL DIAGNOSIS

☐ Acute Hepatitis A ☐ Unable to locate (UTL)

☐ False Hepatitis A ☐ Could not confirm:

Explain why? _____

Acute Hepatitis A - Case Definition:

1) An acute illness with discrete onset of symptoms **AND**
2) Jaundice **OR** elevated serum aminotransferase levels **OR** elevated total bilirubin **AND**
3) IgM anti-HAV positive

Investigator's name (print)	Investigator's signature	Date	Telephone number ( )
Health District	Supervisor signature	Area Medical Director's signature	